

**POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO**

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

**23524**

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number:

**23524**

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email


Assignee Name and Address:

Hismap Point DE Limited Liability Company  
2711 Centerville Rd  
Wilmington, Delaware 19808

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

**SIGNATURE of Assignee of Record**

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	10.21.11
Name	Melissa Coleman	Telephone	
Title	Authorized Person for Hismap Point DE Limited Liability Company		

This collection of information is required by 37 CFR 1.81, 1.32 and 1.33. This information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-8198 and select option 2.

DECLARATION REGARDING AUTHORITY TO SIGN  
ON BEHALF OF A LEGAL ENTITY  
37 C.F.R. 3.73(b)(2)(i)

I, Melissa Coleman (whose title is supplied below), hereby declare that I am authorized to sign documents on behalf of Hismap Point DE Limited Liability Company.

A handwritten signature in cursive script, appearing to read 'Melissa Coleman', is written over a horizontal dotted line.

Melissa Coleman

Authorized Person for Hismap Point DE Limited Liability Company

10.22.11

Date